

County: Milwaukee
WATERS OF SEVENOAKS (THE)
6263 NORTH GREEN BAY AVENUE
GLENDALE 53209 Phone: (414) 351-0543

Facility ID: 8120

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Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 94
Total Licensed Bed Capacity (12/31/01): 94
Number of Residents on 12/31/01: 79

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 79

Corporation
Skilled
No
Yes
Yes
79

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		70.9
Supp. Home Care-Personal Care	No					1 - 4 Years		25.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.1	More Than 4 Years		3.8
Day Services	No	Mental Illness (Org./Psy)	21.5	65 - 74	6.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	29.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	26.6	65 & Over	94.9	-----		
Transportation	No	Cerebrovascular	19.0		-----	RNs		7.5
Referral Service	No	Diabetes	8.9	Sex	%	LPNs		15.8
Other Services	No	Respiratory	12.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	27.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	16	100.0	316	33	100.0	105	1	100.0	105	27	100.0	186	0	0.0	0	2	100.0	350	79	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		33	100.0		1	100.0		27	100.0		0	0.0		2	100.0		79	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	5.1	67.1	27.8	79
Other Nursing Homes	7.0	Dressing	15.2	48.1	36.7	79
Acute Care Hospitals	75.0	Transferring	16.5	70.9	12.7	79
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.5	64.6	19.0	79
Rehabilitation Hospitals	0.0	Eating	73.4	19.0	7.6	79
Other Locations	1.8	*****				
Total Number of Admissions	272	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	3.8		Receiving Respiratory Care	3.8
Private Home/No Home Health	13.9	Occ/Freq. Incontinent of Bladder	32.9		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	40.9	Occ/Freq. Incontinent of Bowel	22.8		Receiving Suctioning	0.0
Other Nursing Homes	4.0				Receiving Ostomy Care	0.0
Acute Care Hospitals	25.0	Mobility			Receiving Tube Feeding	7.6
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.8		Receiving Mechanically Altered Diets	25.3
Rehabilitation Hospitals	0.0					
Other Locations	2.8	Skin Care			Other Resident Characteristics	
Deaths	13.5	With Pressure Sores	7.6		Have Advance Directives	88.6
Total Number of Discharges		With Rashes	2.5		Medications	
(Including Deaths)	252				Receiving Psychoactive Drugs	29.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.0	77.1	1.09	86.3	0.97	82.7	1.02	84.6	0.99
Current Residents from In-County	84.8	82.7	1.03	89.4	0.95	85.3	0.99	77.0	1.10
Admissions from In-County, Still Residing	18.4	19.1	0.96	19.7	0.93	21.2	0.87	20.8	0.88
Admissions/Average Daily Census	344.3	173.2	1.99	180.6	1.91	148.4	2.32	128.9	2.67
Discharges/Average Daily Census	319.0	173.8	1.84	184.0	1.73	150.4	2.12	130.0	2.45
Discharges To Private Residence/Average Daily Census	174.7	71.5	2.44	80.3	2.18	58.0	3.01	52.8	3.31
Residents Receiving Skilled Care	100	92.8	1.08	95.1	1.05	91.7	1.09	85.3	1.17
Residents Aged 65 and Older	94.9	86.6	1.10	90.6	1.05	91.6	1.04	87.5	1.09
Title 19 (Medicaid) Funded Residents	41.8	71.1	0.59	51.8	0.81	64.4	0.65	68.7	0.61
Private Pay Funded Residents	34.2	13.9	2.47	32.8	1.04	23.8	1.44	22.0	1.55
Developmentally Disabled Residents	0.0	1.3	0.00	1.3	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	21.5	32.5	0.66	32.1	0.67	32.2	0.67	33.8	0.64
General Medical Service Residents	0.0	20.2	0.00	22.8	0.00	23.2	0.00	19.4	0.00
Impaired ADL (Mean)	48.1	52.6	0.91	50.0	0.96	51.3	0.94	49.3	0.98
Psychological Problems	29.1	48.8	0.60	55.2	0.53	50.5	0.58	51.9	0.56
Nursing Care Required (Mean)	5.9	7.3	0.80	7.8	0.75	7.2	0.81	7.3	0.80